



SEPARATION INFORMATION CHECKLIST
(MUST BE COMPLETED AND SUBMITTED TO HR ON THE DAY OF SEPARATION)

Employee Name: _____ Edison ID (EMP ID) _____

Employee Payroll Title: _____ RACF ID _____

Supervisor Name: _____ Supervisor Work Phone: _____

Last Day Employee Worked: _____

ACTIONS REQUIRED BY SUPERVISORS

Yes	No	N/A	
___	___	___	Discontinue telephone access
___	___	___	Revoke signature authorizations
___	___	___	Return State ID Cards (paper & plastic) (e.g., We Car card; parking decal; bus pass) to _____
___	___	___	Collect keys (e.g., building; office; cubicle; desk, file cabinet)
___	___	___	Collect small equipment (e.g., calculators; cameras; GPS; ADA accommodations)
___	___	___	Return credit cards (e.g., Pcard; Travel) to _____
___	___	___	Return phone equipment (e.g., cell phone; calling card) to _____
___	___	___	Return computer equipment (e.g., laptop; flash drive; jetpack; modem) to _____
___	___	___	Return state car – Contact _____
___	___	___	Notify _____ at _____ to update employee directory
___	___	___	Other (e.g. uniforms; electronics; supplies) _____

EXIT INTERVIEW (Confidential – For Employee Only)

___ ___ ___ Notify employee of availability of exit interview and options for completion

Supervisor Signature

Supervisor Name (print)

Date

This form will remain with the State agency and can be destroyed after 60 days.